

UIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 418

U. S. _____
COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
\$APC 9613
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				12,233.	42

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 12,233.42

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date 9- _____ (Sign original only)

STATINTL

Per _____ (or bills)

Amount verified; correct for 12,233.42

(Signature or initials) ZZZ

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

By _____

SIGN
ORIGINAL
ONLY

10/10/56

Title _____ 10/11/56

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL STATINTL

STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in
Cash, \$ _____, on _____, 19____ Payee _____ { favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company check must be shown in the space provided for signature. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 418
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL STATINTL		Contract A101 - System III					
		Direct Costs Properly Chargeable to Contract A101 for the period 9/3/56 thru 9/9/56					
		Labor Week Ending September 9, 1956					
		Overhead computed for the Communications Division at interim rate of [REDACTED]					
		Other Costs - per schedule attached					
STATINTL		Total Labor, Overhead and Other Costs					
		G and A expense computed at interim rate of [REDACTED]					
		Total Costs					

☐ SUMMARY INDIRECT PO
FOR NON-OPERATING D

OK 8773

FORM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

NTS PAID

☐ CONSOLIDATED DISTRIBUTION REPORT
☐ ADJUSTMENTS
☐

9/9/56

DATE

PAGE

REPORT NO.

RECEIVING REPORT NUMBER	C.E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M.J.O.	S. O.	WORK ORDER	
		12700	5043			2700
						2700
						2700
						2700
10297	5	12700	5043			900
						900
						900
24838	5	12700	5043	3		1000
11437	5	12700	5043	3		1000
						1000
						1000
						1000
		12700	5043	9		12000
						12000
						12000
						12000
	5	12700	5043	9		14000
						14000
						14000
						14000
Total w/c 9/9/56						203234